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Contents

MENNINGER FOUNDATION ACTIVITIES. ATTEMPTS AT EXPERIMENTAL SUBSTANTIATION OF PSYCHOANALYTIC THEORY. *By* Margaret Brenman 33

EXPERIMENTS WITH EDUCATIONAL THERAPY IN A PSYCHIATRIC INSTITUTION. *By* William C. Menninger, M.D. 38

A NEW CONCEPT OF THE SCHOOL CURRICULUM BASED ON THE MENTAL HEALTH OF THE CHILD. *By* Dale Zeller, Ph.D. 46

PSYCHIATRIC EDUCATION AT THE MENNINGER CLINIC .. 53

BOOK NOTICES 63

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Bulletin of
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MENNINGER FOUNDATION ACTIVITIES

One of the first research grants made by the Menninger Foundation was for the support of a project submitted by Miss Margaret Brenman, a young psychologist who expects to receive her Doctor's degree in June and who is already known for her work in hypnosis (see *Psychiatry*, February, 1942). The trustees of the Foundation were highly impressed with the importance of the project submitted by her and her competence was attested by authoritative psychological colleagues. At the request of the editors of the BULLETIN, Miss Brenman has prepared the following brief summary of the aims and methods of the investigation.

ATTEMPTS AT EXPERIMENTAL SUBSTANTIATION OF PSYCHOANALYTIC THEORY

BY MARGARET BRENMAN

The gap which at present separates the vital content of psychoanalytic theory on the one hand from the scientific methodology proper to modern experimental psychology on the other has become increasingly apparent to investigators in contact with both. The study of unconscious psychic processes and the revolutionary conceptual advances initiated largely by Gestalt psychology have been thought by many to be the two paramount developments in psychology in several decades. Yet their points of contact have been rare indeed. This parallel but independent development may be understood partly in terms of the reputation for "sterility" which clung to the academic psychology of the nineteenth and early twentieth centuries. It is not difficult to see why a group of medical men, confronted with the real and pressing problems of a "total personality" in distress, should have found little of interest in the findings of a group of cloistered theoreticians who were engaged in an apparently futile attempt to reduce totalities to the most minute and functionally meaningless "elements." Equally, it can be understood why a group of scientists, schooled in "scientific method," should be unsympathetic to an assortment of clinically collected data, which for the most part lacked the systematic structure of *experimentally* obtained material. An examination of the recent literature of both general experimental psychology

and psychoanalysis reveals a tendency in the direction of closing this schism. Psychoanalysts agree that a restatement of some psychoanalytic concepts would help to clarify many current problems; psychologists, for their part, have been increasingly impressed with the profundity of the contributions made by Freud and his followers. In contrast to the period when the aims of general psychology seemed academic or unintelligible to the psychoanalysts, a modern psychologist frames the present situation in the following way:

". . . He [the psychologist] finds himself in the midst of a rich and vast land full of strange happenings: there are men killing themselves; a child playing; a child forming his lips trying to say his first word; a person who having fallen in love and being caught in an unhappy situation is not willing or not able to find a way out; there is the mystical state called hypnosis, where the will of one person seems to govern another person; there is the reaching out for higher, and more difficult goals; loyalty to a group; dreaming; planning; exploring the world; and so on without end. It is an immense continent full of fascination and power and full of stretches of land where no one ever has set foot.

"Psychology is out to conquer this continent, to find out where its treasures are hidden, to investigate its danger spots, to master its vast forces, and to utilize its energies." (Lewin, K., Studies in Topological and Vector Psychology, Part I, p. 10.)

This statement embodies the ideal toward which experimental psychology is moving. Means do not as yet exist for utilizing modern experimental methods in investigating these vital phenomena. Yet it seems that we are closer than were any of Freud's contemporaries to realizing his hope of an experimental method to verify his theories.

The researches in progress herein discussed are proceeding on two apparently distinct lines, which it is hoped will converge during the course of experimentation. The first series of experiments utilizes, as a methodological frame, the theoretical approach of Kurt Lewin. Lewin's fundamental assumptions relevant to our problem may be stated in the following terms. A need or a want gives rise to a psychological "tension system" which strives for discharge. Since the creation of a "tension system" implies the existence of a "field" tending toward an equilibrium, the driving power for releasing the tension lies in the need to re-establish equilibrium. Lewin distinguishes between "genuine needs," apparently closer to the instinctive core of the personality, and "quasi-needs" which may best be understood as

everyday "intentions" or "purposes." Experimental corroboration of this theory elaborated by Lewin far beyond this elementary statement was provided by Zeigarnik. She showed that, in general, if a person is given a number of tasks and permitted to complete some, he will recall the interrupted tasks significantly better than those completed, thus revealing the persistence of a "tension system" related to the need to complete the interrupted tasks.

Both Freud* and Lewin** have described the act of mailing a letter to illustrate the *normal* execution of an "intention." Both agree that normally the intention of mailing a letter "slumbers" until the person sees a mail-box, which then " . . . will attract my attention" (Freud) or will act as an ". . . external field force" (Lewin), resulting finally in the carrying out of the intention and, in Lewinian terms, the discharging or releasing of the corresponding "tension systems." Until this point, there is little serious difference between Freud's and Lewin's descriptions of "mailing a letter." However, Freud proceeds to discuss what he considers an essential problem of conscious "intentions": not the normal execution of an intention but the *failure* to execute it, a commonplace of everyday experience. Thus, we glimpse the problem of the relation between the "quasi-need" to mail a letter and the opposed and probably more "genuine" need, which exists on an unconscious level and may prevent the execution of a conscious intention. It appears then that to understand the failure to carry out an intention is at least as significant as to understand the dynamics of the normal discharging of a system in tension where there is no interference from deeper needs.

Experimental investigation of the more "genuine" needs has hitherto been obviated by the fact that the relation of experimentally created needs to genuine needs has been questionable. This is the reason for using hypnosis as an experimental tool in the present research. It has been demonstrated that, because of the affective relationship existing between the experimenter and a hypnotized subject, the use of hypnosis makes possible the creation of psychological phenomena of a genuineness seldom produced by usual laboratory

* *The Basic Writings of Sigmund Freud*, ed. by A. A. Brill, Random House, New York, 1938, pp. 1001.

** Vorsatz, Wille und Bedürfnis [Intention, Will and Needs.] *Psychol. Forsch.*, 1926, 7, 330–385.

methods, without harming the subject. Hypnosis is suited to an investigation of the relation of genuine needs to "quasi-needs." It remains to be seen whether it can be used to investigate experimentally those fundamental, instinctual needs conceived by Freud as primary.

Experiments now in progress are constructed with the purpose of studying the vicissitudes of "tension systems" created in a hypnotic state which makes the memories connected with their origin inaccessible to the subject. A somnambulistic subject can be made to forget not only having been interrupted in certain tasks but even having seen the task materials. Thus it is possible to observe the influence of a "tension system" created in the hypnotic state, on behavior in the normal state; and conversely, the influence on behavior during the hypnotic state of a tension system created in the normal state. Some of the problems under investigation are whether "tension systems" created in hypnosis have a structure similar to those created in the normal state, whether a "tension system" created in the one state may be discharged in the other, and how those needs set into operation by the hypnosis itself are related to the "quasi-needs" induced by experimental techniques similar to Zeigarnik's, Ovsiankina's, etc. When some of the topological relations of the normal and hypnotic states have been explored in a variety of situations, further experiments will be conducted inducing successively more genuine needs; the relation of the findings to the psychoanalytic theory of repression will be the fundamental problem of this series.

The second line of experimentation, which it is hoped will later converge with the first, is, strictly speaking, controlled clinical observation rather than experiment; it is as yet less amenable to a strict scientific method. It is only a first attempt to investigate experimentally the influence on memory of the needs and conflicts of the subject. The subject is asked to tell, in the normal state, a specific fairy-tale "just as it occurs" to him. Omissions and distortions characterize most of these reproductions. The subject is then asked while in hypnosis to tell the same fairy tale, and the gradual restructurization of the story is studied. The phenomenon of hypermnesia has been fairly well established by workers in the field of hypnosis; apart from this, qualitative aspects of the differences of recall are analyzed. Although this approach is still crude, it may provide an objective check in investigating "forgotten" childhood experiences frequently re-

vealed in the analyses of individuals who usually can adduce no objective proof that the recovered memories are authentic; yet the genuineness of these memories has been justifiably inferred by the analyst from other data. The use of fairy-tale material has the advantage of being objectively controllable in that the original and the reproduction may be directly compared. This technique avoids the error of many naive psychological experiments undertaken to prove or disprove Freudian theory on the basis of recalled material which at no time has had a personal significance for the subject comparable to that possessed by almost any fairy tale.

These summaries of the researches in progress are tentative preliminary statements, intended only to indicate the direction of research which with further development it is hoped will help to bridge the gap between psychoanalytic and modern experimental disciplines.

EXPERIMENTS WITH EDUCATIONAL THERAPY IN A PSYCHIATRIC INSTITUTION*

By William C. Menninger, M.D.

All therapies in a psychiatric institution are in some degree educational. Perhaps the majority of them should be regarded as being *re*-educational and since in every contact with any member of the hospital personnel or in carrying out any prescribed program of activity the patient is receiving "therapy," it is desirable to be explicit as to what is meant by the title "Educational Therapy." By this term we refer to formal or semi-formal presentations of subject matter or activities given to the patient or to a group of patients in didactic lectures or in project or laboratory work, or in a few instances by using a combined method. Ralston[1] has reported on our earlier observations and experiences in this field.

For approximately three years we have been carrying on classes in various subjects at regularly scheduled periods, these subjects being selected by ourselves with the wishes and needs of particular patients taken into consideration. These educational classes have been so planned and carried out as to be similar in many respects to the curriculum and the methods used in an educational institution. In no way do they correspond to the various reports in the literature of "group psychotherapy," nor is the purpose or method in our educational classes comparable to these reported observations.† With the single excep-

* Read at the Central Neuropsychiatric Hospital Assn. Meeting, Chicago, Mar. 6, 1941.

† These references are to Marsh's work (Marsh, L. C.: An Experiment in the Group Treatment of Patients at the Worcester State Hospital, *Mental Hygiene* 17:396–416, July 1933) at the Worcester State Hospital, and his work with the "revival method" (Marsh, L. C.: Group Treatment of the Psychoses by the Psychological Equivalent of the Revival, *Mental Hygiene* 15:328–349, April 1931); the "psychology class" reported by Schroeder (Schroeder, M. G.: Group Psychotherapy in a State Hospital, *Elgin State Hospital Papers*, Vol. 2, p. 174–178, April 1936); Schilder's experiments with "analysis of ideologies" by a group of patients (Schilder, P.: The Analysis of Ideologies as a Psychotherapeutic Method Especially in Group Treatment, *Am. J. Psychiat.* 93:601–617, November 1936); and his later work with neuroses (Results and Problems of Group Psychotherapy in Severe Neuroses, *Ment. Hyg.* 23:87–98, Jan. 1939); the intensive general care in small groups reported

tion of a course in Mental Hygiene none of the courses have dealt directly with the symptoms or conflicts manifested by the personalities in the class. Education opportunities in the psychiatric hospital have been advocated and used by Burlingame and Wagner[2].

Thus by "educational therapy" we have come to refer to a treatment approach to the psychiatric patient by pedagogic instruction. Our aims in attempting to provide this have been, first to provide the individual patient with new information which may be of use or of interest to him, or both; second, to introduce by this method new hobbies or interests which may be subsequently developed further by the patient following his dismissal from the hospital; third, to supplement deficiencies in the patient's previous educational opportunities; fourth, but perhaps most important, to so augment our own constructive efforts in the patient's rehabilitation that he may gain the feeling of accomplishment by having taken one or several courses, and followed them to completion.

Over the period of the last twelve years we have experimented with various sorts of patient organizations—a Men's Club, a Book Review Club, a Glee Club, a Drama Club, a Garden Club and a Hobby Hour. These have been under the direction of various members of the hospital personnel and under the supervision of different therapeutic departments. They were not coordinated by a director and most of the patients who could go to any of them were encouraged to do so. In addition to these so-called clubs, from time to time we have had the need for individual instruction in certain sports. Each spring there is a golf class, a special class in tennis, and for occasional group activities some member of the recreation staff takes charge, teaching or coaching the particular activity planned.

The Director: About three years ago we attempted to begin the development and coordination of these classes under one individual, whom we designated the "Educational Director." We have had three different individuals successively assume this responsibility, the present

by Boudreau, (Boudreau, E. N.: Observations on Treatment of Mental Disorders in Small Groups, *N. Y. State J. Med.* 35:1095–1099, Nov. 1, 1935). Other reports have been made by Wender (Wender, L.: Dynamics of Group Psychotherapy and Its Application, *J. Nerv. & Ment. Dis.* 84:54–60, July 1936), Slavson (Slavson, S. R.: Group Therapy, *Ment. Hyg.* 24:36–49, January 1940) and Altshuler (Altshuler, I. M.: One Year's Experience with Group Psychotherapy, *Ment. Hyg.*, 24:190–196, April 1940.

director having been in charge now for about 2½ years. She is a member of the Recreation Department staff though she devotes a major portion of her time to the educational therapy program. Her responsibilities are broad; she is responsible for the organization of a program, the recruiting of instructors, supervising the carrying out of this program (including her attendance at all the classes), making arrangements for the classroom, the equipment, textbooks, notebooks, the enrollment of patients in the classes, and finally, (an exceedingly important task) for the report of the patients' response to the classwork presented.

During the last year we have planned to have from 12 to 24 classroom hours of instruction each week. This averages from 2 to 4 hours each day. The minor details of arrangements are extremely important. Many of our classes have been held in the nurses' lecture room. A number of others have been held in the patients' library; still others have been held in more spacious quarters if there is special need for the extra room, and a good number of the classes, because of the very nature of the subject, have been held out-of-doors.

A certain amount of equipment in addition to the classroom is highly to be desired, such as a blackboard and writing desks. The expense to the patient has been kept at a minimum in every instance, usually amounting only to the cost of a particular textbook which is recommended, and an individual notebook in which to make notes on the lectures or to write out assignments given. In the course in typing there was the expense for typewriter rental. There has been a certain amount of overhead expense borne entirely by the institution in such a course as archery or golf where specific equipment is required.

Instructors and Subjects: The organization of the staff of instructors is a major consideration. In our own instance it has been the function of the Educational Director to canvass the entire staff for certain abilities or interests that they might have and obtain their consent to organize and conduct a class in that particular subject. Members of the medical staff have taught classes in mental and physical hygiene, as well as conducting a standard American Red Cross First Aid class, and a course in physiology. All of these particular classes have been of special benefit in permitting the patients to discuss their symptoms in a constructive manner. Our dietitian has taught a class in the Fundamentals of Nutrition, and another in Market Purchasing. The

comptroller from our business office ran a beginning and an advanced course in Accounting and Bookkeeping. Recreational therapists have taught Archery, Physical Education for men and women, Pool, Dramatics, Journalism, Poetry, Mechanical Drawing, Show Card Writing and Lettering. The occupational therapists have offered special instruction in making jewelry, art metal ware, and book binding. Our gardener who is a graduate in landscape architecture has given courses in Gardening and Landscaping. One of the secretarial staff has given the course in Typing and Shorthand. We have gone beyond this and sought special interests and abilities in members of the staff. One of the doctors gave a course in Chess; another taught French and Spanish; still another has given one of the most popular courses, that in Current Affairs. One of the occupational therapists with a special interest in music has conducted not only a Glee Club but a class in Music Appreciation which has been very popular. Our chef who is an unusually adept sportsman gave a course in Fly Casting which was particularly well-liked. Our office manager has several times conducted courses in Contract Bridge.

We have in a few instances attempted to bring in outside instructors for our program, and they have given courses in Photography, Art Appreciation, Commercial Law and Principles of Insurance. Because of the lack of psychiatric understanding these "outside" teachers have been handicapped and in general their classes have been less successful. In a very few instances we have tried using patients as instructors. From our experience, however, we have found that in the majority of instances this is impractical and unwise. The patient's recrudescence of symptoms makes him unavailable at perhaps the most embarrassing time in the progress of the course; or his lack of interest or change of mood is carried out in an aggressive way toward the other patients (and staff) by failure to report on time, or perhaps even to report at all, in which case there is no recourse. Consequently, we have given up attempting to have patients teach classes.

Individual Instruction: In addition to these formal class groups in many instances we have found it expedient to provide individual instruction in certain subjects, particularly in those instances where patients want to make up certain educational deficiencies. Sometimes this has been possible, again by utilizing members of our own hospital staff. More often we have availed ourselves of the opportunity of

using extension courses from universities, supervised and managed by the Educational Director of the institution. In a few instances we have made arrangements whereby the patient could attend certain local educational institutions, taking special courses in either commercial or business schools or in our local Washburn College.

Types and Duration of Classes: Thus, the nature of the curriculum is extremely varied as to the type of courses we have attempted to give. We have learned from experience that we must plan at least two different general types of courses, running simultaneously. One of these is the type of course in which each lecture or class hour is complete in itself, so that the patient may enter at any time, without the necessity of having the background of previous presentations. The other type of course is much less practical, namely the one in which the individual must attend regularly since information in each presentation is based on the knowledge which has gone before. Thus, our experience in presenting a foreign language, such as French or Spanish, which we have several times attempted to do, usually has not been very successful because the turnover of patients soon exhausts the class attendance and no new patient can enter after the first two or three sessions. Consequently, it is our preference to plan chiefly for those subjects which will permit a patient to attend when and if it is practical for him to do so, such as Dietetics or Music Appreciation, Current Affairs, Physical Hygiene, etc.

Depending on the nature of the class work the class may be held once, twice or three times a week, or as many as five times, for sessions of one hour. We have learned very definitely, however, that the majority of classes should be relatively short, that is from three to eight weeks in duration. For most classes running longer than this, the patients seem to lose interest and it is readily understood why the instructor may become discouraged. The average length of stay of our patients is about two months, and this is another factor which determines the length of the classes. We have had a few exceptions, such as the Garden Club, Current Affairs and Music Appreciation classes which have run continuously over a period of several months.

Prescription of Classwork: The success of the program apparently depends very largely on the care with which various courses are prescribed for the patient. In every psychiatric institution there is a certain number of patients who are obviously too sick to take part in

any such program as I have been describing. In our institution between 80 and 90 percent of the patients avail themselves of some of the classes. The patient's own capabilities and needs are of first consideration. His abilities and interests may be the deciding factor in planning his participation in any particular class. In working out this program the Director plans the curriculum and outlines it in considerable detail as to the nature of the subjects, the frequency of the classes, the duration of each class, the subject matter and the expense involved. This data is periodically furnished to all of the hospital physicians who are at the same time furnished by the Educational Director with a list of their individual patients, with the request that the physician indicate to her those who should attend each class. It is then the responsibility of the physician to present the subject directly to his patient. His recommendation of the subject to the patient is followed up by the Educational Director who explains the class in detail and makes plans for the patient's attendance.

On our order sheets for the individual patient, which are revised each month, there is a special section devoted to the prescription of educational procedures, indicating to the Educational Director whether the patient's absences are to be merely noted or to be reported to the physician, and what attitude the Educational Director should take toward the patient's participation in the class. A daily report is made by the Educational Director of each class session, reporting on the patients attending and their reaction to the class work. By this method the physicians are able to judge the benefit to the patient and the desirability of his continuing.

In the actual mechanics of the class work some groups number only two patients; others, such as the Folk Dancing Class, will often have twenty patients. The amount of assistance and the equipment necessary must of course be determined by the size of the class. For several months now we have been following the practice in certain of these classes of making assignments. Thus, in Physiology a particular patient is requested by the instructor to look up material and is furnished the sources for doing so, covering "Colloids," or "The Effect of Nicotine." The patient looks up the material and reports back to the entire class the results of his research. In many classes the patients are encouraged, and in fact in some are required to keep a notebook, in addition to outside reading reports.

Results: It is extremely difficult to measure the results of this therapeutic undertaking. Very briefly, the apparent results are these:

1. In many instances these classes seem to have been a stimulus to the patient to add to his own intellectual accomplishments or achievements. The patient feels that he has made a tangible gain, that he has utilized his hospital time in a constructive, positive way.

2. Some courses have been the means of awakening special interest in the development of a hobby which became the source of much satisfaction to the patient. Sometimes the interest was maintained afterward. Although many patients discuss plans as to what they are going to do when they leave the institution which they do not carry out, we have some evidence that certain of these newly acquired interests were continued and furthered following dismissal from the institution. From the findings reported by Mower[3] we may assume that such hobby formation undoubtedly serves as an additional aid to a better adjustment.

3. In the judgment of the attending physicians, one of the most beneficial results of these classes has been the improvement in the patient's social behavior. Any class is a tangible testing ground for a patient's responses: he is required not only to adjust to those around him if he is to participate, but also to evince learning ability in individual study and class discussion. The effort he is able to make serves as a measure of his progress in adjustment. Repeatedly we have observed that a particular patient utilized the educational classes as a means of gaining self-confidence and consequent satisfaction and profit.

4. In a few instances an individual has filled in a particular deficiency in his formal education, or in some other specific ability. This has not been limited to those people who have been taking extension courses or courses in local commercial schools or college, but applies even to those enrolled in the classwork given by our own corps of instructors. Thus, one of the patients has become an expert typist, having never been able to even use a typewriter prior to her admission to the hospital. A number of individuals have gained a new source of pleasure from such a craft as metal working or jewelry making, or from such a sport as tennis or golf.

In summary, I should say that our experience of three years in attempting to present formal or semi-formal educational therapy has been extremely favorable. The range of subjects has been wide and

we have learned much from experience as to the actual mechanism of planning and conducting such a program. The results have been as gratifying, if not more so, than those from any other of the older established therapies, such as occupation or recreation.

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A NEW CONCEPT OF THE SCHOOL CURRICULUM BASED ON THE MENTAL HEALTH OF THE CHILD*

By Dale Zeller, Ph.D.†

The curriculum is generally thought of as a collection of subjects neatly fitted into the hours which a child spends under the schoolhouse roof. There has been much concern as to what these subjects should be, some persons holding out for the fundamental tools known as the three R's or "the classics," and others advocating hotly a more varied or experimental course. Both protagonists err, however, in thinking that the child learns only what is formally outlined for him in school. From the time the child enters the doors in the morning, hangs up his coat and hat and greets his teacher and classmates, until he tidies his desk for the day and bursts out into the street when classes are dismissed, he is occupied with dozens of learning situations not scheduled on the traditional curriculum. These unassigned lessons may constitute the most important part of his education.

Recognition of this fact has altered our concept of the school program. Curriculum is newly defined as *all* the experiences a child has under the guidance of the school. It includes not only the things the administration stipulates should be taught but it also includes the things the plan of organization of the school system emphasizes, ignores or lets happen. Over-crowded school lunchrooms and insufficient time allowed for eating, for example, may teach hurried, unhygienic eating habits, yet such a subject will not appear on any proposed educational program. It would be interesting to enter the average school and to catalog the variety of life lessons being taught or learned which do not enter into the plans of those entrusted with the education of its pupils. In such a comprehensive listing might appear such unexpected subjects as "a raucous, monotonous tone of voice," "poor posture," "the habit of inattention," "the psychology of 'getting by'," "the danger of showing initiative," "window gazing,"

* Presented at the Southard School Institute, Topeka, Kansas, June 11, 1940.

† Associate Professor of Education at Kansas State Teachers' College, Emporia, Kansas, and formerly Curriculum Director for Kansas under the State Department of Education.

"social relationships" and many others, some undesirable and others very important to future success.

Since such lessons are being learned they can no longer be excluded from attention in the formation of the curriculum. The type of curriculum selected determines the type of experiences which the children in that school will enjoy or undergo and inevitably reflects an educational point of view. This point of view is of greater importance than the program which it selects, because it influences all experiences, both scheduled and unscheduled, which occur in the school or schools it governs.

Broadly speaking there are two concepts of education, embodied in two types of curriculum, which are current today. They are the traditional concept and the functional one. They are distinguished not by subject matter or by methods, but by their attitude toward the child. The traditional concept seeks to fit the child into a mold, the functional concept seeks to help him to live in the manner best calculated to bring out his potentialities.

In the functional system, which focusses attention on the child rather than upon subject matter, the touchstone to which all parts of the curriculum are brought is the mental health of the child. The promotion of his mental well-being entails a broad understanding of how personality develops on the part of all those who have anything to do with our schools, including teachers, administrative officers, parents and tax payers. Formerly many students of education gave lip service to mental hygiene but insisted that the teacher and her personal relations with the child were the only things that mattered in considering the mental health of children in schoolroom situations. Now thoughtful educators realize that the implications of what we have learned scientifically about child development apply to the schools in a much wider sense. They know that the fundamental point of view accepted unthinkingly or fostered deliberately by a school system and by parents may make it possible for an individual teacher to contribute to the growth of a desirable personality in a child, but it may also block much that she might accomplish or it may negate by its emphasis much that she is attempting to do. How this is brought about may best be shown by a discussion of the two types of curriculum organization.

In the more traditional school, school program usually means an

inflexible schedule broken into segments of so many minutes each, devoted to recitations in subjects and time devoted to preparing for these recitations out of textbooks according to assignments made by the teacher. Organization means organization of these segments of time and subjects. Administration is thought of as managing the children, the program, and the subjects in such a way that progress is made in the textbooks of each subject in each grade at a uniform rate so that all children in any one grade will be at a particular place in each textbook at any given time—at the end of a month, the end of a semester, or at the end of a year. Under this conception of what constitutes a good school much attention is given to discipline, and good discipline is thought of as managing children, textbooks, and schedules so that children are comfortable for the adult to manage and live with and so that nothing interferes with the attainment of the identical goals of subject matter to be learned at a uniform pace and in a uniform way. Under this conception, learning is thought of as mastery of verbalisms organized in fields of learning and mastered uniformly by all children in a given year of school. The process of going through school is divided into steps of school years and a child's success is measured by his ability to take one of these steps a year. Readiness to take the next step depends on his ability to pass the pencil and paper tests in the isolated subjects that tradition says children should study in school. The teacher is master of the process of making the assignments and awarding prizes and punishments. Such is the traditional view of what a school is and how it should teach. Each thing studied has no immediate importance in itself to the learner but is only significant as it prepares him to take the next step which is equally meaningless to him. And all this is done that children who pass through the elementary school may be able to do the high school work successfully, that in turn they may be able to do college successfully and eventually become a scholar. To the few who become scholars the process may have meaning and significance.

The teacher who happens to be caught in such a system can do a great deal that is helpful. If her attitude toward children is sympathetic, understanding, and fundamentally sound, if she knows how to sugar-coat undesirable materials and meaningless drill with devices of interest, if she regulates the rewards for success and punishment for

failure with justice or as much justice as the situation allows, she can lessen the ill effects of such a system and of such a concept of what learning is and how it takes place. But she cannot prevent the frustration and sense of defeat that comes from working at meaningless tasks which involve concepts and meanings that are beyond the stage of development of the participant. The most sympathetic teacher cannot eliminate the fear of failure in gun-shot drills, and the uncertainties that attend examinations on well learned but meaningless materials. The most intelligent teacher cannot prevent the feeling of inferiority that comes from lack of success day after day, and the best teacher with the very best methods cannot make all children successes under such a system. The best she can do in the face of failure to pass is to help the child bear his defeat as well as defeat can ever be borne which comes from being forced to work at a situation which is not of one's choosing and in which one has no chance to succeed. Formal repetition dulls zest. Children become apathetic, indifferent, defiant and rebellious, and indulge in sabotage or some form of retreat.

These things happen to the unsuccessful child. What happens to the so-called successful one? Without developing in detail all the possibilities for undesirable character traits in this situation, two easily recognized and verifiable ones can be noted. In such a system docility and unquestioning acceptance of things read and said are rewarded. The most successful child is the one who does each lesson as the teacher wants it done, and accepts without question the statements made by the teacher and the textbook writer. Such a child has no way to verify the accuracy of his own conclusions except by what the teacher says. He becomes increasingly less able to gauge success except in terms of the present instructor's requirements. As he goes through high school or college, this becomes increasingly difficult because the number of instructors increase and the agility required to sense the standard for success established by each puts a premium on intelligence.

The functional curriculum, in contrast to this traditional one, places its emphasis on the child and his development through experiences of living which are dictated by the particular culture in which he is growing up. The diversified culture of the United States under democracy allows a wide range of choices in behavior. No excuse

exists for that institution called the school, to which has been delegated the education of the young, to do anything but select the most desirable experiences that a child can have under its guidance, measured in terms of fostering desirable personality growth. The emphasis is upon children, upon the development of children who are adequate in personal relationships and in managing situations at each level of development. What happens to children who are vitally living with other children and adults becomes the prime concern of the curriculum maker. Subject learning from books and schedules becomes subordinate to the range and quality of living that children are doing together. Subject matter mastery becomes subordinate to the mastery of problems of living under guidance by participation in solving school and community problems. The skills learned are not those that are meaningless and useless now but may be valuable in some future day, but those which school living demands. There are no fixed and unyielding schedules of lessons to be learned and recited but flexible schedules that are planned to give the maximum richness possible from living with a group at a particular age under the guidance of a school that has taken the needs of the learner into account.

While the teacher and her mental health play a deciding role in determining the mental health of the children under her direction, the best balanced teacher imaginable is badly handicapped in promoting the mental health of children in a school system that makes lessons to be learned in traditional subjects at uniform rates of progress its main goal. Her sympathy and her kindliness are powerless to prevent the frustration that arises from being expected to do what one is unable to do, from working at meaningless assignments and engaging in uninteresting activities because one is obedient and docile. The block that comes when questions remain unanswered and curiosities unsatisfied because prescribed and assigned tasks leave no room for the immediate are unavoidable, no matter how convinced the individual teacher may be that these questions and curiosities are the basis of all education that has for its aim the development of a rich personality integrated in the culture in which it has grown.

Neither can a teacher who works in a school system that allows the curriculum of any particular age group to develop by chance provide adequately for the mental health of children. She probably can do

more about it than the teacher who is bounded by the rigid and traditional system just discussed. Experiences to be of maximum value must have continuity in the mind of the learner else they become repetitious or episodic. To provide continuity of experience—not continuity of subject matter—all teachers and adults under well selected scientific guidance should continuously plan the areas of experience children should have as they proceed year by year in continuous progress toward maturity under the guidance of the school. Within the wide framework of experience selected for all, some experiences are best suited to children at particular stages of development. The learning situation best suited to a certain period of development depends in part upon the social, emotional, physical, and mental maturation of the learner and in part upon the social experience already had. So the teacher must work with others in order to assort, to plan for and to guide her particular group on the true line of growth. Success at any level is measured by the growth of the learner as expressed in the adequacy of his social relationships. Experiences that educate in this sense must grow out of the interests, curiosities and emotions of children reacting in a congenial group.

The method by which a functional curriculum is developed is almost as important as the program itself. The modern school recognizes that a child comes from home to school and returns from school to home. If desirable personality traits are to be developed, the school and home must have a common understanding of the child and its needs. A modern curriculum is not developed by a teacher or teachers. Parents, teachers, administrators and scientists study children and their needs and from this study evolve a program for the school. This agreement upon needs and purposes is reflected in the security it gives a child in his relationships with the adults of his immediate world. If adults discuss together what the school should do for children, what areas of living children need to have experiences in, what resources their community offers for educational experiences, what children are like because they have lived for six, seven, or eleven years in a particular community, a total design for living in school can be developed harmoniously by all of the people who are concerned with the education of the young in a given community.

With this concept of planning the curriculum, learning is measured

by the emotional and social growth of children as well as by intellectual and physical growth. Growth in using language more effectively in human relationships, not completion of a language textbook, becomes the goal of language instruction. Growth in the ability to choose and enjoy worthwhile books and the habit of turning to books to find answers to questions that are of interest and importance to the child becomes the criterion for measuring progress in reading. The emphasis is on living that develops ability to establish adequate relationships with the people one lives with. Desirable personality development, not subject matter mastery, becomes the goal of daily and yearly living under the guidance of the school. This is the modern curriculum.

PSYCHIATRIC EDUCATION AT THE MENNINGER CLINIC

Since its foundation the Menninger Clinic has been conducted on the assumption that psychiatric education was one of its chief functions. In order to insure competent personnel in the intimate relationship of nurse and psychiatric patient, we found it necessary to develop (in 1932) a program for the special training of nurses and of those teachers and others who were to be associated with custodial children. Similarly, recreational therapists, occupational therapists, and educational therapists, not to mention others who come into contact with psychiatric patients less intimately, all need technical instruction in order to function smoothly in cooperation with one another and with the medical staff. The development of psychoanalytic theory and practice has reached a point where they, too, are now capable of standardized didactic presentation. The instruction of college students in those principles of psychiatry which can later be useful to them in their work as teachers, ministers, social workers, physicians, or mothers of families is a further responsibility of the psychiatrist which we assumed here in 1921. Finally, there is the training of psychiatrists themselves, which we began through residency appointments in the Sanitarium eleven years ago.

The training of medical men to become psychiatrists via a hospital residency is now an established American institution. Psychiatry, like surgery, cannot be learned in medical school. For one thing, the average American medical student is not mature enough nor has he the sociological, psychological and humanistic background necessary to enable him to handle effectively the synthesis of physical, chemical, psychological and social data essential for the understanding of the psychiatric patient. In addition to this, he is too busy; he is surrounded with clinical material of the basic medical types—surgical cases, obstetrical cases, medical cases, dermatological cases, etc. Medical schools are giving increased attention to the desirability of incorporating more psychiatric cases into this panorama, but it is now generally conceded that the intensive cultivation of a specialty belongs in postgraduate education.

Just what this postgraduate education should consist of and just how

it should be administered is not yet a matter of general agreement. The National Committee for Mental Hygiene has made a study of the various programs offered by approved psychiatric hospitals in the United States of which there are over one hundred. Many of these are state institutions and few of them undertake complete psychiatric training. For example, only a handful of them have opportunities for training in child psychiatry, few of them afford any opportunity for training in psychoanalytic technique and theory, some of them (such as our own) lack facilities for instruction in neuropathology and in deteriorating psychoses and custodial problems. It was formerly felt that a residency should consist of a three-year period, the first year to ground the physician in general examination and treatment techniques and to give him didactic and reading instruction in the psychiatric fields, the second year to offer him more outpatient and child psychiatry experience, and the third to give him administrative and custodial hospital experience and teaching. This is a commendable program but seems to us to have certain inherent disadvantages. For one thing, we find that it is often humiliating and inhibiting to an ambitious young physician who has already spent many weary years in formal schooling to be labelled a "resident" for three years. Furthermore, one frequently discovers, after a year's residency, that a career in psychiatry is not desirable for a given individual and it seems an unnecessary psychic trauma to give such an individual the feeling that he has broken off an appointment after only a third of it has been completed. Sometimes also it is desirable both for the candidate or for the institution that he get subsequent training elsewhere. Finally, in times of war it is not possible to carry out the more leisurely schedules of education even though they may seem desirable in peace times.

For these reasons, therefore, we have tried to work out a program here which will combine intensive training with the opportunity for continuous and more extensive study. Our residents are eligible to appointment to fellowships at the completion of one year's work, providing that seems mutually desirable and to assistantships at the end of the fellowship year. But even senior staff members will need and, in our experience, will take advantage of continued opportunities for study, discussion and formal instruction. Psychiatric education, like all medical education, has no end.

The following outline was prepared for a triple purpose: it was

requested by the National Committee for Mental Hygiene in its survey of existing opportunities for psychiatric education in mental hospitals; it is useful for reference purposes to our residents, staff members and others; and it sets forth, specifically, for those BULLETIN readers, who are interested in psychiatric education, the special methods used at our institution. That we regard it as tentative and subject to change (and improvement) goes almost without saying.

EDUCATIONAL ACTIVITIES OF THE MENNINGER CLINIC

Schedule of 1941–42 (prepared Sept. 1, 1941)

I. RESIDENT TRAINING

A. Chairman: Dr. Karl Menninger; Assistants: Drs. William Menninger, Knight, Crank, Benjamin, Robbins, Brown and Rapaport.

B. Function: Training of residents in adult psychiatry, child psychiatry, neurology and psychotherapy.

C. Program (for the first year. The second and third year schedules are similar in content but have different period assignments).

1. *Psychiatry* (adult)

a. Location: Sanitarium.

b. Service: Dr. William Menninger.

c. Period: First or second quarter (one resident at Southard School) half-time; third and fourth quarter, three-fourths time.

d. Hours: Hospital staff conference at 8:30 a.m. Hospital duties continue through 5:00 p.m. All physicians on psychiatric (sanitarium) service will alternately be assigned night calls (5:00 p.m. to 8:30 a.m.), and week-ends. The physician "on call" will remain on duty until 5:00 p.m. Saturday and from 9:00 a.m. until 5:00 p.m. on Sunday, and be subject to calls both Saturday and Sunday nights.

e. Clinical duties:

1) History-taking on inpatient psychiatric cases.
2) Physical and neurological examination on inpatients.
3) Special blood pressure studies and other general medical techniques.
4) Tube feedings.
5) Intravenous treatment.
6) Pharmacologic shock treatments; insulin and metrazol.
7) Electric convulsion treatment, combined with curarization.
8) Anti-syphilitic treatment.
9) Psychological examinations.
10) Weekly progress notes on assigned patients.
11) Preparation of complete case studies.
12) Preparation of case abstracts for staff meeting.
13) Participation in seminars.

f. Subjects for study and instruction, in approximate order.
   1) Hospital routine duties.
   2) Construction of records.
   3) Psychiatric examination technique.
   4) Progress notes.
   5) Interviewing relatives.
   6) Prescribing order sheets.
   7) Therapeutic aims.

2. *Neurology*
   a. Locations: Outpatient department of Menninger Clinic; Topeka Municipal Clinics; Christ's, St. Francis and Stormont Hospitals.
   b. Service: Dr. Crank.
   c. Period: First and second quarters about half-time.
   d. Hours: For the resident on the child psychiatry service, forenoons only, 8:30 a.m. to 11:30 a.m. For the resident not on the child psychiatry service, 1:00 p.m. to 5:00 p.m. (with time out for staff conferences).
   e. Clinical duties:
      1) History-taking: physical and neurological examination of outpatients at the Menninger Clinic and other hospitals, and on cases in neuropsychiatric division of Topeka Municipal Clinics.
      2) Reports of current neurological literature for library review and seminars.
      3) General assistance to Dr. Crank on special neurological procedures (see below).
   f. Subjects for study and instruction:
      1) Neurological history-taking.
      2) Outpatient psychiatric history-taking, briefer forms.
      3) Physical examinations as made and recorded here.
      4) Neurological examination techniques.
      5) Neuropathological and neurological diagnosis.
      6) Special techniques: lumbar puncture; cisterna puncture; spinal fluid pressure tests; caloric tests; special blood pressure studies; scotometry and perimetry, using tangent screen; central vision studies, using stereo-campimeter; pneumoencephalogram; electro-encephalogram; cranial X-ray studies.

3. *Child Psychiatry*
   a. Location: Southard School.
   b. Service: Dr. Benjamin.
   c. Period: First quarter for one resident, second quarter for alternate resident.
   d. Hours at School: 11:30 a.m. to 5:00 p.m. daily (except City Clinic hours on Wednesday afternoons and staff conferences).
   e. Clinical duties:
      1) Work-up of new cases (children).
      2) Treatment and follow-up on outpatient department children's cases.
      3) Weekly progress notes on children at school.

4) Attendance at school conferences and seminars.
5) Assistance to Juvenile Court consultant.

f. Subjects for study and instruction.
1) The Southard School routine (see School Manual).
2) Neuropsychiatric history-taking and examination in children.
3) Principles of parent-child-adult relationships.
4) Detailed principles of child psychiatry.
5) General principles of child analysis.

4. *Psychotherapy:*
a. Location: Clinic, Sanitarium and School.
b. Service: Dr. Knight.
c. Period: Third and Fourth quarters.
d. Hours: One-fourth to one-half time, by arrangement.
e. Clinical duties: Psychotherapy on assigned cases.
f. Subjects for study and instruction.
1) Psychotherapy techniques.
2) Psychoanalytic technique, including controls for residents who are psychoanalytic candidates.
3) General principles involved in cases being treated or to be treated.
4) Psychodynamics in psychiatric cases to be presented at staff conference.

5. *Psychology:*
a. Location: William A. White Cottage.
b. Service: Drs. Brown and Rapaport.
c. Period: Throughout the four quarters.
d. Hours: One hour a week, Friday afternoon 2:00 to 3:00.
e. Clinical duties: None.
f. Conferences: Individual discussion of the test material of each case worked up by the resident and seminars on the use of projective tests, especially the Rorschach, Szondi and Thematic apperception tests.

6. *Research Projects:*
a. Location: *ad lib.*
b. Service: Dr. Karl Menninger.
c. Period: Throughout the four quarters.
d. Hours: Not more than one hour a day of regular working time can be allowed the residents for research projects, and this will not be sufficient to carry out any major project. Seriously interested residents will have to devote outside time to research.
e. Clinical duties: Depend upon project.
f. Subjects for study and instruction: To be suggested by chief-of-service.

7. *Informal Counselling and Study:*
The service chiefs will act as counsellors for the residents and confer with them personally one hour a week, and, in addition, will make all work assignments. Study assignment will be left to the discretion of the resident. Most study and reading will have to be done outside of the hours assigned for clinical duties. (See recommended reading list for residents posted in library.)

8. *Additional Opportunities:*

Regularly scheduled seminars and lectures by staff members on military psychiatry, psychiatry for nurses, abnormal psychology and criminology for college students, mental hygiene, and psychiatry for social workers, are also available to the residents. For details of these courses, see below.

II. Postgraduate Training for Nurses

A. Chairman: Dr. William Menninger; Assistants: Misses Erickson and Duerksen.

B. Function: Education and training program for nurses and therapists (Psychiatric residents may also attend courses indicated by *).

C. Courses:

Juniors	*Seniors*
1. September, October and November, 1941	
* Psychiatry, 2 hours per week—Dr. William Menninger	No class
Psychiatric Nursing, 2 hours per week —Misses Erickson and Duerksen	
Physiotherapy, 1 hour per week—Miss Duerksen	
Occupational Therapy, 1 hour per week —Miss Anderson and Mr. Mower	
Recreational Therapy, 1 hour per week —Mr. Woolworth	
2. December, January and February 1941–42	
* Psychiatry, 2 hours per week—Dr. William Menninger	No class
Psychiatric Nursing, 2 hours per week —Misses Erickson and Duerksen	
Review of Psychiatric Literature—Miss Duerksen	
Child Psychiatry—Dr. Benjamin	
3. March, April and May 1942	
Same program as in September, October and November	Ward Supervision, 1 hour — Miss Duerksen
	Psychiatric Nursing, 1 hour,—Miss Erickson
	Case Studies, 1 hour—Miss Duerksen
	Neurology, 1 hour—Dr. C. F. Menninger
	Psychoneuroses—Dr. Tillman—1 hour
	* Psychoanalysis, 1 hour—Dr. Knight and others
4. June, July and August 1942	
Same program as in December, January and February	Ward Supervision, 1 hour — Miss Duerksen
	Psychiatric Nursing, 1 hour—Miss Erickson

Neurology, 1 hour—Dr. C. F. Menninger
Organic Psychoses, 1 hour—Dr. Crank
Research Thesis, 1 hour—Dr. William Menninger

5. *September, October and November, 1942*
Similar to the above.

III. Student Therapists' Training
(Same as Postgraduate Nurses' Training.)

IV. Educational Internes' Training
A. Chairman: Dr. Benjamin.
B. Function: To afford training in psychological aspects of education by combined didactic and clinical opportunity.
C. Program:
1. Lectures in child psychiatry (ten or twelve).
2. Lectures in psychiatry (twice a week), by Dr. William Menninger.
3. Psychology seminars (Tuesday evenings in Lawrence), by Dr. Brown.
4. Psychology seminars (two afternoons a week, 3 hours total), by Dr. Rapaport.
5. (Supervised) remedial tutoring, by Mrs. Packer.
6. (Supervised) recreational therapy, by Mr. Morrison.
7. Research project with Dr. Rapaport (to occupy one month's time during the second six months of the interneship).
8. Staff seminars, Monday evenings.
9. Staff conferences, Tuesday noons.

V. Psychoanalytic Instruction
A. Chairman: Dr. Lewy.
B. Function: Formal training of psychoanalytic candidates; informal training of residents and psychoanalytic staff members.
C. Location: Clinic Library.
D. Program:
1. Didactic lectures on Psychoanalytic Technique by Dr. Karl Menninger (September to May) 1½ hour period, once monthly.
2. Case seminar by Drs. Karl Menninger and Knight (September to May), 2 hour period, once monthly (with informal interim counselling).
3. Seminars on Freud's writings, by Dr. Lewy (September to May), one hour monthly.
4. Conferences on psychoanalytic psychiatry and general and special problems in the application of psychoanalysis to the study of psychiatric cases; four hours weekly, 1:00–2:00 p.m. on Monday, Tuesday, Thursday and Friday, throughout the year.
5. Seminars on various subjects of psychoanalysis and adjoining fields, by Drs. Lewy and Hawkins (twice a month, Friday evenings 7:30–9:30, September to May).
6. Supervised analyses under direction of training analysts, Drs. Karl Menninger, Knight and Lewy, one hour weekly for each case, throughout the year.

VI. College and Outside Courses
- A. Chairman: Dr. Karl Menninger (Professor of Abnormal Psychology and Mental Hygiene at Washburn Municipal University).
- B. Function: Academic didactic instruction in psychiatric principles.
- C. Program:
  1. *Washburn Municipal University*
     - a. Mental Hygiene: Dr. Allen, instructor; second semester course for freshmen, meets one hour a week, Tuesdays 11:30 a.m. for sixteen weeks, at Washburn Municipal University.
     - b. Abnormal Psychology: Dr. Tillman, instructor; first semester course, two or three hours credit for juniors and seniors, Wednesdays, 5:00 to 7:00 p.m. in Arts and Crafts shop.
     - c. Criminology: Dr. Tillman, instructor; second semester course, two or three hours credit for juniors and seniors, Wednesdays, 5:00 to 7:00 p.m. in Arts and Crafts shop
     - d. Applied Dynamic Psychology: Dr. Knight, instructor; second semester course, three hours credit, Thursdays, 7:00 to 9:30 p.m. at Washburn Municipal University.
  2. *Washington University* (St. Louis), Kansas City Unit, Dept. of Social Work:
     - a. The Psycho-Dynamics of Personality Development and its Disturbances: Dr. Robbins, instructor; year-round course: meets in Kansas City, Mo. at 5228 Charlotte on Tuesdays, 7:30 to 9:30 p.m.
  3. *Christ's, St. Francis and Stormont Hospitals Schools of Nursing:*
     - a. Neurology: Dr. Crank, lecturer; one hour a week for 16 weeks at 4:00 p.m. fall semester.
     - b. Psychiatry: Dr. Crank, lecturer; one hour a week for 16 weeks at 4:00 p.m. spring semester.

VII. Southard School Institute for Teachers and Others who Work with Children
- A. Chairman, Dr. Benjamin: Assisted by Clinic and School Staffs.
- B. Function: To aid the teacher (and other adults working with children) in his understanding of personality development and in his concept of behavior problems so that he may better assist the child to develop its potentialities.
- C. Program: (variable)—Course to be given in 1942 (June 1–12) includes: Lectures, forums and discussion groups on: infancy period, pre-school period, elementary school period, adolescence, siblings, personality problems, sexual development, speech disorders, delinquency, etc. etc. (to be given by the psychiatrists on the Clinic staff, as well as by prominent outside speakers).

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- A. Chairman: Dr. Knight; all staff members assisting.
- B. Function: To provide training in the special functions of psychiatry in relation to the Selective Service System, the army and navy services and war casualties.
- C. Program: Variable—course given in 1941 (June 23–28) included: Lectures and forums on: Selective Service System Psychiatry, Military Psychiatry, Psychiatry of Civilians in Wartime and Problems of Morale.
- D. Time: In 1942 incorporated with Staff Seminars.

IX. Staff Seminars

A. Chairman: Dr. Robbins.

B. Function: To supply formal instruction for all staff members once weekly (except for the months of July and August); for the presentation of original papers, literature reviews and other material of theoretical and didactic interest in psychiatry and applied fields. (Informed guests—physicians and wives, nurses, stenographers, therapists, Washburn University professors, etc.—are welcome except on specially announced "closed meeting" occasions.)

C. Period: September through June.

D. Hours: Wednesday evening 7:30 to 9:30.

E. Location: Arts and Crafts Shop of the Menninger Sanitarium.

F. Program:

Sept. 10 *The Electroencephalogram in Neurology and Psychiatry*
Dr. Herman M. Serota of Chicago

Sept. 17 *Psychosomatic Investigations of Hypertension*
Dr. Merton Gill

Sept. 24 *Discussion of Case Material*
Dr. Harlan Crank

Oct. 1 *Case of Schizophrenia*
Dr. Carl Tillman

Oct. 8 *Character Formation and Mental Illness*
Dr. Robert P. Knight

Oct. 15 *The Influence of Emotion on Memory*
Dr. David Rapaport

Oct. 22 *The Relationship of the Oral Level of Psychosexual Development to Character Formation and Illness*
Dr. Ernest Lewy

Oct. 29 *Toxic Psychoses*
Dr. Milton Lozoff

Nov. 5 *Alcoholics Anonymous*
Mr. Robert Markwell of Chicago

Nov. 12 *Psychosomatic Investigation of Gastric Neuroses*
Dr. Mary O'Neil Hawkins

Nov. 19 *The Relationship of the Anal Level of Psychosexual Development to Character Formation and Illness*
Dr. William C. Menninger

Nov. 26 *Cultural Therapies in Psychiatric Institutions*
Dr. Edward Greenwood

Dec. 3 *Neurosyphilis*
Dr. Charles C. Dennie of Kansas City

Dec. 10 *Modifications of Techniques for the Treatment of Psychotics*
Dr. Sylvia Allen

Dec. 13 *Vestibular Vertigo*
Dr. A. R. MacLean of Rochester, Minnesota

Jan. 7 *Problems of Civilian Morale*
Dr. Karl Menninger

Jan. 14 *The Relationship of the Phallic and Genital Levels of Psychosexual Development to Character Formation and Illness*
Dr. Karl Menninger

Jan. 21 *Report on Current Hypnotic Research*
Margaret Brenman

Jan. 28 *Review of Literature on Psychiatry and National Defense*
Dr. Mark Stone

Feb. 4 *Recent Trends in Neuro-Surgery*
Dr. F. A. Carmichael, Jr. of Kansas City, Mo.

Feb. 11 *Allergy and Psychiatry*
Dr. Ralph Bowen of Houston, Texas

Feb. 18 *Jews in a Gentile World*
Dr. J. F. Brown

Feb. 25 *The Differential Diagnosis between Paranoia, Paranoid State and Paranoid Schizophrenia*
Dr. Robert P. Knight

Mar. 4 *Review of Literature on Psychiatry and National Defense*
Dr. Milton Lozoff

Mar. 11 *The Care and Treatment of Children in a Psychiatric Residence School*
Dr. Anne Benjamin

Mar. 18 *History-Taking in Child Psychiatry*
Dr. Mary O'Neil Hawkins

Mar. 25 *Case of Hysteria in an Adolescent Girl*
Dr. Elisabeth R. Geleerd

April 1 *Guest Speaker*

April 8 *Review of Literature on Psychiatry and National Defense*
Dr. Robert L. Worthington

April 15 *Neurological Cases*
Dr. Harlan Crank

April 22 *Semantics: Review of "Language in Action" and Korzybski's Treatment Ideas Based on Semantics*
Dr. Robert P. Knight

April 29 *History of the Awakening of "Insight"*
Dr. David Rapaport

BOOK NOTICES

Criminal Youth and the Borstal System. By WILLIAM HEALY AND BENEDICT S. ALPER. Price $1.50. Pp. 251. New York, The Commonwealth Fund, 1941.

This 250-page book gives a clear description of the remarkably successful Borstal System of treating youthful offenders in England. This system demonstrates once and for all the superiority of treatment rather than punishment as applied to youthful offenders, both from the point of view of the individual and from the point of view of protection of society. Whereas in our best "reformatories" recidivism approximates 80%, the Borstal figures vary from 30 to 50, the majority of the institutions reporting figures between 30 and 40. The authors point out that were psychiatrists employed (surprisingly they are rarely consulted) these figures could probably be considerably reduced. This is a "must" book for all interested in youth correction. The American Law Institute Youth Correction Authority Act has been partially built around the Borstal experiences. (C.-G. D. T.)

America Organizes Medicine. By MICHAEL M. DAVIS. Price $3.00. Pp. 335. New York, Harper and Brothers, 1941.

After being Director of the Boston Dispensary from 1910–20, the author became a specialist in hospital and clinic organization. He made many community health surveys, and later was on the executive committee of the Committee on the Cost of Medical Care. From 1928 to 1937, he was director of medical services for the Julius Rosenwald Fund, leaving there to become head of the Committee on Research in Medical Economics and editor of the new journal *Medical Care.*

There have been recent books in this field by Rorty, Kingsbury, Cabot, and deKruif, but this reviewer thinks Davis's is the best of the lot. It is less emotional, better documented, more profound and fundamental. It can be recommended to those with a general interest in this field. (D. W. O.)

Getting More Out of Life. By JOSEPH JASTROW. Price $2.00. Pp. 320. New York, Emerson Books, Inc., 1940. Revised edition.

The author in his attempt to popularize the art of living, has taken out most of the vitamin content and has left little of value.

He discusses psychoanalysis and Freud in seven pages and states, "Like all new cures enthusiastically heralded, psychoanalysis too has had its vogue and now seems to be passing to a sober decline," which is contrary to the impression which the reviewer has obtained by noting the increase in psychoanalytic publications and societies. (E. D. G.)

Lourdes. By EDITH SAUNDERS. Price $3.00. Pp. 292. New York, Oxford Univ. Press, 1940.

This study of Bernadette closely follows that of Mrs. Smiley Blanton, the wife of our colleague, which we considered superb. Miss Saunders puts more emphasis upon the mendacity and fraud connected

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IX. Staff Seminars

A. Chairman: Dr. Robbins.

B. Function: To supply formal instruction for all staff members once weekly (except for the months of July and August); for the presentation of original papers, literature reviews and other material of theoretical and didactic interest in psychiatry and applied fields. (Informed guests—physicians and wives, nurses, stenographers, therapists, Washburn University professors, etc.—are welcome except on specially announced "closed meeting" occasions.)

C. Period: September through June.

D. Hours: Wednesday evening 7:30 to 9:30.

E. Location: Arts and Crafts Shop of the Menninger Sanitarium.

F. Program:

Sept. 10 *The Electroencephalogram in Neurology and Psychiatry*
Dr. Herman M. Serota of Chicago

Sept. 17 *Psychosomatic Investigations of Hypertension*
Dr. Merton Gill

Sept. 24 *Discussion of Case Material*
Dr. Harlan Crank

Oct. 1 *Case of Schizophrenia*
Dr. Carl Tillman

Oct. 8 *Character Formation and Mental Illness*
Dr. Robert P. Knight

Oct. 15 *The Influence of Emotion on Memory*
Dr. David Rapaport

Oct. 22 *The Relationship of the Oral Level of Psychosexual Development to Character Formation and Illness*
Dr. Ernest Lewy

Oct. 29 *Toxic Psychoses*
Dr. Milton Lozoff

Nov. 5 *Alcoholics Anonymous*
Mr. Robert Markwell of Chicago

Nov. 12 *Psychosomatic Investigation of Gastric Neuroses*
Dr. Mary O'Neil Hawkins

Nov. 19 *The Relationship of the Anal Level of Psychosexual Development to Character Formation and Illness*
Dr. William C. Menninger

Nov. 26 *Cultural Therapies in Psychiatric Institutions*
Dr. Edward Greenwood

Dec. 3 *Neurosyphilis*
Dr. Charles C. Dennie of Kansas City

Dec. 10 *Modifications of Techniques for the Treatment of Psychotics*
Dr. Sylvia Allen

Dec. 13 *Vestibular Vertigo*
Dr. A. R. MacLean of Rochester, Minnesota

Jan. 7 *Problems of Civilian Morale*
Dr. Karl Menninger

Jan. 14 *The Relationship of the Phallic and Genital Levels of Psychosexual Development to Character Formation and Illness*
Dr. Karl Menninger

Jan. 21 *Report on Current Hypnotic Research*
Margaret Brenman

Jan. 28 *Review of Literature on Psychiatry and National Defense*
Dr. Mark Stone

Feb. 4 *Recent Trends in Neuro-Surgery*
Dr. F. A. Carmichael, Jr. of Kansas City, Mo.

Feb. 11 *Allergy and Psychiatry*
Dr. Ralph Bowen of Houston, Texas

Feb. 18 *Jews in a Gentile World*
Dr. J. F. Brown

Feb. 25 *The Differential Diagnosis between Paranoia, Paranoid State and Paranoid Schizophrenia*
Dr. Robert P. Knight

Mar. 4 *Review of Literature on Psychiatry and National Defense*
Dr. Milton Lozoff

Mar. 11 *The Care and Treatment of Children in a Psychiatric Residence School*
Dr. Anne Benjamin

Mar. 18 *History-Taking in Child Psychiatry*
Dr. Mary O'Neil Hawkins

Mar. 25 *Case of Hysteria in an Adolescent Girl*
Dr. Elisabeth R. Geleerd

April 1 *Guest Speaker*

April 8 *Review of Literature on Psychiatry and National Defense*
Dr. Robert L. Worthington

April 15 *Neurological Cases*
Dr. Harlan Crank

April 22 *Semantics: Review of "Language in Action" and Korzybski's Treatment Ideas Based on Semantics*
Dr. Robert P. Knight

April 29 *History of the Awakening of "Insight"*
Dr. David Rapaport

BOOK NOTICES

Criminal Youth and the Borstal System. By WILLIAM HEALY AND BENEDICT S. ALPER. Price $1.50. Pp. 251. New York, The Commonwealth Fund, 1941.

This 250-page book gives a clear description of the remarkably successful Borstal System of treating youthful offenders in England. This system demonstrates once and for all the superiority of treatment rather than punishment as applied to youthful offenders, both from the point of view of the individual and from the point of view of protection of society. Whereas in our best "reformatories" recidivism approximates 80%, the Borstal figures vary from 30 to 50, the majority of the institutions reporting figures between 30 and 40. The authors point out that were psychiatrists employed (surprisingly they are rarely consulted) these figures could probably be considerably reduced. This is a "must" book for all interested in youth correction. The American Law Institute Youth Correction Authority Act has been partially built around the Borstal experiences. (C.-G. D. T.)

America Organizes Medicine. By MICHAEL M. DAVIS. Price $3.00. Pp. 335. New York, Harper and Brothers, 1941.

After being Director of the Boston Dispensary from 1910–20, the author became a specialist in hospital and clinic organization. He made many community health surveys, and later was on the executive committee of the Committee on the Cost of Medical Care. From 1928 to 1937, he was director of medical services for the Julius Rosenwald Fund, leaving there to become head of the Committee on Research in Medical Economics and editor of the new journal *Medical Care.*

There have been recent books in this field by Rorty, Kingsbury, Cabot, and deKruif, but this reviewer thinks Davis's is the best of the lot. It is less emotional, better documented, more profound and fundamental. It can be recommended to those with a general interest in this field. (D. W. O.)

Getting More Out of Life. By JOSEPH JASTROW. Price $2.00. Pp. 320. New York, Emerson Books, Inc., 1940. Revised edition.

The author in his attempt to popularize the art of living, has taken out most of the vitamin content and has left little of value.

He discusses psychoanalysis and Freud in seven pages and states, "Like all new cures enthusiastically heralded, psychoanalysis too has had its vogue and now seems to be passing to a sober decline," which is contrary to the impression which the reviewer has obtained by noting the increase in psychoanalytic publications and societies. (E. D. G.)

Lourdes. By EDITH SAUNDERS. Price $3.00. Pp. 292. New York, Oxford Univ. Press, 1940.

This study of Bernadette closely follows that of Mrs. Smiley Blanton, the wife of our colleague, which we considered superb. Miss Saunders puts more emphasis upon the mendacity and fraud connected

with Lourdes, beginning with the contemptible parish priest, Peyramale, and his collusion with and then exploitation by a blackmailing, lying publicist, Lasserre, who wrote an exaggerated distortion of the early events of Lourdes which became a best seller. Contrary to the statement on the jacket, the book is not psychoanalytic in its approach. (K. A. M.)

Emotional Hygiene: The Art of Understanding. By CAMILLA M. ANDERSON, M.D. Price $2.00. Pp. 253. New York, J. B. Lippincott Co., 1940. Second edition.

The subject matter of this book is unusually well outlined and would serve as a plan for study of any group interested in people. The subject matter is treated with a mixture of tolerance and occasional sharp super-ego thrusts. The reviewer hopes that this book will not be used as a text for nurses' courses; it is too comprehensive. Matters of great depth are touched upon too briefly and may better be omitted. However, it is an excellent book in the hands of nursing instructors. (S. A.)

Headache and Head Pains. By WALVIN FORREST DUTTON, M.D. Price $4.50. Pp. 315. Philadelphia, F. A. Davis & Co., 1939.

One should glance through this book to see how obsessional doctors can be in their desire to catalog bodily symptoms. A diagram which precedes the introduction smacks of phrenology. The headaches so commonly seen in the neuroses and psychoses are spectacularly labeled and the "pharmacopoeia" is cited as a remedy. There is an extensive discussion of constipation as a cause! (H. C.)

Trends in Crime Treatment. (Yearbook of the National Probation Association). Edited by MARJORIE BELL. Price $1.25. Pp. 372. New York, National Probation Association, 1939.

This is a symposium of some twenty articles, for the most part concerned with the prevention and treatment of juvenile delinquency. The important divisions of the book include: Checking Early Symptoms of Crime, Changing Delinquent Attitudes, Detention Techniques, The Juvenile Court in Transition, and various aspects of probation. The more important of the two articles by psychiatrists is by Dr. Ira S. Wile who asks, "Can we change personality?" and then lists some twenty medical, psychiatric and socio-economic ways in which personality may be modified. work agency. This book is avaluable addition to criminology shelves. (D. W. O.)

Borderland Minds. By MARGARET WILSON. Price $2.00. Pp. 203. Boston, Meador Publishing Co., 1940.

The author of this book devotes two hundred pages to the inefficiencies of the modern mental hospital. One gathers from her own words that she was unnecessarily sent to an institution and for five years spent her time in unsuccessful efforts to gain her release. *Borderland Minds* is advertised as "not just another book about an asylum." This is true; it is not just another book; it is far inferior to many others such as *Asylum* and *A Mind That Found Itself.* (L. L. R.)